

INSURANCE PREMIUM FINANCE

MAIN OFFICE APPLICATION

Ohio Insurance Premium Finance Act

Ohio Revised Code Sections 1321.20, 1321.21, 1321.71 to 1321.84, 1321.99
Ohio Administrative Code 1301:8-4



Ohio Department Of Commerce Division Of Financial Institutions

77 South High Street, 21st Floor
Columbus, Ohio, 43215-6120
Telephone: (614)728-8400
www.com.state.oh.us/dfi

WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.

"An Equal Opportunity Employer and Service Provider"

For DFI Use Only
Issue Date _____
File ID _____

INSURANCE PREMIUM FINANCE MAIN OFFICE APPLICATION

Ohio Revised Code Sections 1321.20, 1321.21, 1321.71 to 1321.84, 1321.99
Ohio Administrative Code 1301:8-4

Print or Type in Blue or Black Ink
Do Not Use For Relocation.

1. Name of Applicant _____
(If not a corporation, give the name under which business will be conducted)
2. Federal Tax ID Number _____
3. Fictitious name or d/b/a, if applicable _____
Submit a copy of the trade name or fictitious name certificate issued by the Ohio Secretary of State.
4. Address of business to be licensed _____
(Give building name, if any, and street address)

City or Township _____ State _____ County _____ Zip Code _____
(Physical location)

Telephone No. (_____) _____

Website Address: http:// _____	Is the Website interactive? _____
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Internet E-Mail Address: _____	Is the Website transactional? _____
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(a) Is the address to be licensed zoned for this type of business? Yes No If not, a license can not be issued.

5. Mailing Address, if different from above _____
Phone Number, if different from above _____
6. Name of parent company, if any _____
Address _____ Phone Number _____
7. Type of legal entity:
 Individual Corporation Partnership Limited Liability Company
8. The following documentation must be submitted with this application. If applicant is a:
PARTNERSHIP
 - 1) List on a separate sheet(s) of paper, the names, official titles, residential addresses, and social security number or federal tax IDs of each senior officer and each partner indicating their percent of ownership. Mark this attachment "SCHEDULE B."
 - 2) Include a copy of the recorded Partnership Agreement and a current Letter of Good Standing issued by the Ohio Secretary of State.

For DFI Use Only	Fee: \$387.50 if license is issued from 1/1 to 6/30 \$575.00 if license is issued from 7/1 to 12/31	
Check No. _____	Amount _____	Date _____ Rec. By _____
TC: 70-PF	Pay-In # _____	Deposit Date _____ RS: 2341-03
TC: 80-PF	Pay-In # _____	Deposit Date _____ RS: 2341-03

11. Each applicant shall submit a Financial Statement on the form provided by the Division of Financial Institutions or an Audited Financial Statement. Either Financial Statement shall accompany the application and be made a part thereof. Section 1321.73(D) of the Ohio Revised Code requires each applicant to have a net worth of at least fifty thousand dollars (\$50,000), as further defined by Regulation 1301:8-4-04(A). This financial statement **must** be in the business name and entity as indicated in application questions 1 and 3. All assets must consist and belong only to this entity; i.e., if a sole proprietor is indicated he may **not** include a spouse's assets or any joint assets.

12. Will any other type of business be operated from this proposed location? Yes No

(If answer is yes, attach separate sheet, marked "**Schedule 12,**" explaining what type of other business will be conducted).

13. Is applicant, or any other corporation, association, or partnership with which applicant is associated or affiliated, the holder of an insurance agent or agency license, insurance premium finance license, or have the authority to conduct these or similar types of business in this state or any other state? Yes No

(If answer is yes, attach separate sheet, marked "**Schedule 153**" giving the name(s) of the license holder(s), indicate state(s) in which licensed, and submit copies of these licenses (or letters of approval or authorization issued by the other states.)

14. Has the applicant ever had any type of approval or application to conduct business (such as a license or certificate of authority) denied, revoked, suspended, or refused to be renewed or has it ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes No

(If answer is yes, attach a separate sheet, marked "**Schedule 14,**" giving complete details.)

15. Has the applicant under any other name, or has any corporation, association, or partnership with which applicant is, or was, associated or affiliated, ever had any type of approval or application to conduct business (such as a license or certificate of registration) denied, revoked, suspended, or refused to be renewed or has they ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes No

(If answer is yes, attach a separate sheet, marked "**Schedule 15,**" giving complete details.)

16. Has applicant, or have any partners, members, corporate officers or directors of applicant, ever been arrested for, charged with or convicted of any violation of any federal, state or local civil or criminal statute? Yes No

(DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS)

(If answer is yes, attach a separate sheet, marked "**Schedule 16,**" giving a detailed explanation of the facts and circumstances which gave rise to each charge and for: (i) any conviction provide a certified copy of the journal entry evidencing the disposition of each charge; (ii) any guilty plea provide a certified copy of the plea agreement; and (iii) any pending criminal charges provide a certified copy of the indictment or criminal complaint.)

17. Indicate your statutory agent in this state upon whom may be served all judicial and other process or legal notices directed to the applicant:

(Name)(Address)

(City) (State) (Zip) (Phone)

18. Name of the proposed office manager _____
(Name)

(Residence Address) (City, State, Zip Code) (Phone)

Attach separate sheet, marked "**Schedule 18,**" detailing manager's related business experience and if the manager is knowledgeable regarding the Ohio Insurance Premium Finance Act (Ohio Revised Code Sections 1321.71-1321.83).

19. Indicate the days and business hours of the proposed office. _____

20. Are any applications for any other licenses or certificates of registrations now pending with this Division? Yes No
If yes, identify on separate sheet, marked "**Schedule 20.**"

21. Show the full business name as it will appear on the outside sign of the proposed office.

22. Verify that the response indicated in application question #4 is correct regarding the city, village or township, and is not just the mailing address.

The proposed office will be located in what political subdivision. (Pursuant to U.S. Post Office or the local Engineer's Office.)

(City, Village, or Township)

23. Will all of the records, files, payments, etc. pertaining to business conducted pursuant to Sections 1321.71-1321.83 of the Ohio Revised Code, be maintained at this location? Yes No

If no, indicate the licensed location where the records will be kept.

(Address)

(City)

(Zip Code)

24. Indicate the location where all business advertising copies, scripts, videos, etc. will be maintained.

(Address)

(City)

(Zip Code)

25. Indicate the type and name of the computer system to be used in this business. If a manual recordkeeping system is used, indicate such. (Attach a separate sheet, marked "**Schedule 25**," giving details.)

26. Indicate immediate area operations supervisor _____

(Name)

(Business address)

(Phone)

27. Please list the 800 telephone number, if any, for the corporate headquarters _____

28. Indicate the name(s) and phone number(s) of the person(s) to contact regarding this application.

Ohio Insurance Premium Finance Act

Ohio Revised Code Sections 1321.20, 1321.21, 1321.71 to 1321.84, 1321.99

Ohio Administrative Code 1301:8-4

(continued)

Applicant Names: _____

NOTARIZATION

NOTE: This application must be signed by:

- The owner if applicant is a sole proprietor;
- At least two partners if the applicant is a partnership;
- At least two members if applicant is a limited liability company(if applicable); or
- At least two officers if the applicant is a corporation.

STATE OF: _____

SS:

COUNTY OF: _____

Under penalties of perjury, I (We), the undersigned, do hereby swear or affirm that this application and all attachments have been prepared or carefully examined and approved by me (us) and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I (We) understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted by the Ohio Division of Financial Institutions, and could result in other legal action initiated against me (us), including, but not limited to, criminal prosecution.

Printed Name (Person 1)

Printed Name (Person 2)

Signature (Person 1)

Signature (Person 2)

Subscribed and sworn or affirmed before me this _____ day of _____, 20_____

Seal or stamp must be affixed to original

Notary Public Printed Name

Notary Public SIGNATURE

My Commission Expires _____

NOTE: Application Fee: \$387.50 if license is issued from 1/1 to 6/30; or
\$575.00 if license is issued from 7/1 to 12/31

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For DFI Office Use Only

Date application approved _____ By _____, Superintendent

“An Equal Opportunity Employer and Service Provider”

RESOLUTION

(TO BE ADOPTED BY CORPORATIONS ONLY)

(Name of Corporation)

A CORPORATION, AT A MEETING OF ITS BOARD OF DIRECTORS, HELD AT _____

ON THE _____ DAY OF _____, 20____, PURSUANT TO
LAWFUL NOTICE OR WAIVER THEREOF and at which meeting a quorum for the transaction of
business was present, adopted the following resolution:

“BE IT RESOLVED, that _____
(Name and Corporate Title)

and _____
(Name and Corporate Title)

of _____ be authorized
(Name of Corporation)

and directed to complete an application for and on behalf of the corporation for a _____
(Type of Application)

_____ Certificate of Registration or License issued under Ohio law, and to affix their
signatures to the application.”

NOTARIZATION

STATE OF: _____

SS:

COUNTY OF: _____

I swear or affirm that the above resolution accurately reflects the actions and proceedings of the Board of
Directors and all information supplied above is complete, truthful and correct.

By _____
Corporate Secretary (Signature) (Date)

Subscribed and sworn or affirmed before me this _____ day of _____, 20_____.

Seal or stamp must be affixed to original

Notary Public PRINTED Name

Notary Public SIGNATURE

My Commission Expires _____

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SCHEDULE A Disclosure Form

Filing Instructions:

The following must submit separate Schedules:

Corporation, every 5% owner and senior officer must file a separate "Schedule A."

Partnership, every partner and senior officer must file a separate "Schedule A."

L.L.C., each member and senior officer must file a separate "Schedule A."

Sole Proprietor, the owner must file a "Schedule A."

Operations Manager, the operations manager under the Ohio Mortgage Broker Act must file a "Schedule A" for a new company or when there is a change in the operations manager.

Separate exhibits should be attached when space provided is not sufficient. Omissions will be construed as an intentional failure to disclose a material fact and will be sufficient grounds for denial.

(Insert Name of **Applicant**)

1. Name _____
(Insert full name and any and all alias, A/K/A and F/K/A of **person filing this form**)

(a) Social Security Number of **person filing this form** _____
2. Title _____
(Your Title—officer, partner, member, sole proprietor, person holding 5% or more interest in applicant, and/or operations manager)
3. Citizenship _____
(Furnish date, city, state, country of birth, and Social Security number. If foreign born, also furnish date and place of naturalization.)
4. Residence address for the last ten years. (Use Addendum – Residence History if needed)

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____
5. Employment and ownership record for the last ten years. Include all companies that the person completing this form has or had an interest in as an officer, manager, partner, member, voting stockholder, or 5% or more ownership interest. All periods of time for the last ten years must be accounted for—including periods of unemployment. (Use Addendum – Employment History if needed)

From _____ To _____ Employer _____
Address _____ City _____ State _____ Zip _____
Position _____ Duties _____

From _____ To _____ Employer _____
Address _____ City _____ State _____ Zip _____
Position _____ Duties _____
6. Have you ever been discharged or requested to resign from any position? Yes No

If yes, furnish details:

- 7(a). Have you ever had any type of approval or application to conduct business (such as a license or certificate of authority) denied, revoked, suspended, or refused to be renewed or have you ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes No

- 7(b). Have you ever been an officer, or more than 5% owner or director of any organization which has had a license, certificate, application, approval to conduct business, or any other type of authority, denied, revoked, suspended or refused to be renewed or has been fined by any state or federal regulatory agency or court in relation to any claim of misconduct in a business transaction? Yes No

If you answered yes to either question 7(a) or 7(b), furnish details. Include dates, nature of offense(s), court, and disposition:

- 8(a). Has the applicant ever been convicted of, or plead guilty to, **any criminal offense**? Or does the applicant presently have any **criminal charges pending**? Exclude minor misdemeanor traffic and parking offenses. (DUIs and DWI's are criminal offenses.) Yes No
- 8(b). Have you ever been directly or indirectly connected with any organization which has been convicted of any criminal offense? Include MISDEMEANOR and FELONY offenses from ANY state or the federal government. NOTE: DUIs and DWIs are criminal offenses. Yes No

If you answered yes to either question 8(a) or 8(b), submit a detailed explanation of the facts and circumstances which gave rise to each charge and for: (i) any conviction provide a certified copy of the journal entry evidencing the disposition of each charge; (ii) any guilty plea provide a certified copy of the plea agreement; and (iii) any pending criminal charges provide a certified copy of the indictment or criminal complaint. (*See instructions for Question 16 of the Mortgage Broker Main Office Application for answers to "Frequently Asked Questions."*)

- 9(a). Have you ever been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance or malfeasance, or breach of fiduciary duty? Yes No
- 9(b). Have you ever been directly or indirectly connected with any organization which has been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance or malfeasance, or breach of fiduciary duty? Yes No

If you answered yes to either question 9(a) or 9(b), furnish details. Include dates, nature of offense(s), court, and disposition:

- 10(a) Have you ever filed for bankruptcy, been insolvent, or filed for protection from creditors? Yes No
- 10(b) Have you ever been directly or indirectly connected with any organization which has ever filed for bankruptcy, been insolvent, or filed for protection from its creditors? Yes No

If you answered yes to either question 10(a) or 10(b), furnish details. Include dates, nature of offense(s), court, and disposition:

NOTARIZATION

State of _____

SS.

County of _____

Under penalties of perjury, I, the undersigned, do hereby swear or affirm that this SCHEDULE A and all attachments have been prepared by me and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of any license/registration application pending with the Ohio Division of Financial institutions or revocation of any license/registration granted by the Division of Financial Institutions, and could result in other legal action initiated against me, including but not limited to criminal prosecution.

Printed Name

Signature

Subscribed and sworn to or affirmed before me this _____ day of _____, 20 _____.

Seal or stamp must be affixed to original

Notary Public PRINTED name

Notary Public SIGNATURE

My Commission Expires _____

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"An Equal Opportunity Employer and Service Provider"

SCHEDULE A
ADDENDUM
Residence History

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

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SCHEDULE A

ADDENDUM

Employment History

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

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"An Equal Opportunity Employer and Service Provider"

Company Information

In our continuing effort to better serve the industries we regulate, we are requesting your assistance by providing the following information for our database file.

Please type or print using blue or black ink only.

Company Name

Doing Business As (DBA)

Address

City State Zip

() ()

Telephone No. Fax No.

Mailing Address, if different from above

City State Zip

Federal Tax I.D. Number

Company Website

E-mail Address

Is website interactive? Yes No

Is the Website transactional? Yes No

Company Contacts

Annual Report Contact (Small Loan Act and OMLA Only) ()
Phone Number E-mail

Mailing Address, if different from above

City State Zip

Complaint Contact ()
Phone Number E-mail

Mailing Address, if different from above

City State Zip

Statutory Agent ()
Phone Number E-mail

Mailing Address, if different from above

City State Zip

Compliance Contact ()
Phone Number E-mail

Mailing Address, if different from above

City State Zip

Renewal Contact ()
Phone Number E-mail

Mailing Address, if different from above

City State Zip

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Ohio Division of Financial Institutions

Background Check/Fingerprints Explanation and Instructions

In the processing of applications, the Division of Financial Institutions conducts criminal background checks on the following individuals:

- **Corporation**, every 5% owner and senior officer
- **Partnership**, every partner and senior officer
- **L.L.C.**, each member and senior officer
- **Sole Proprietor**, the owner
- **Operations Manager**, the operations manager under the Ohio Mortgage Broker Act for a new company or when there is a change in the operations manager
- **Loan Officers**, the loan officer under the Ohio Mortgage Broker Act

How do you get your fingerprints taken?

In-State Applicants

The Division of Financial Institutions has established relationships with independent companies for the electronic fingerprinting and scanning system known as “WebCheck.” Each company has a system that scans applicants’ fingerprints and electronically transmits the prints to the Bureau of Criminal Identification and Investigation (BCI&I) for review. Results of the records review are communicated directly back to the Division via secured data lines within two business days. The company where the fingerprints are taken charges a processing fee for this service, which is not part of the DFI application/investigation fee. To find the location nearest you and other information regarding this service contact the companies directly.

Please see our website at www.com.state.oh.us/dfi under “Forms” for Consumer Finance for the “**Current List of Providers and Locations.**”

Out-of-State Applicants:

If your place of residence is located outside Ohio, you must furnish a statewide criminal history report from your state’s law enforcement department. The records check must be verified on the law enforcement agency’s stationery or computer printout. The reporting agency must send the report directly to the Division of Financial Institutions.

IMPORTANT NOTE:

If you have resided in your current state less than 5 years, you are required to provide a background check from each state you resided in during the past 5 years. The background check **must** be sent directly to the Division from the background check provider. We will not accept completed background checks submitted by the applicant.



Ohio Department of Commerce Division of Financial Institutions

CRIMINAL HISTORY STATEMENT

NOTE: You may submit this criminal history statement in place of completing another criminal background check **ONLY if:** (1) a completed criminal background report is currently on file with the Division; **AND** (2) the most recent report on file is no older than six (6) months.

I, _____(your name), hereby swear or affirm that I (circle one) **have / have not** been arrested for, charged with or convicted of any violation of any federal, state or local law within the last eight (8) months.

I further swear that, within the last six (6) months, I had a criminal background check completed in connection with a/an: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Check-Cashing/Loan Acts Application | <input type="checkbox"/> Operations Manager Approval |
| <input type="checkbox"/> Credit Service Organization Act Application | <input type="checkbox"/> Pawn Broker Act Application |
| <input type="checkbox"/> Loan Officer License Application | <input type="checkbox"/> Precious Metals Act Application |
| <input type="checkbox"/> Mortgage Broker Act Application | <input type="checkbox"/> Premium Finance Act Application |
| <input type="checkbox"/> Mortgage Loan Act Application | <input type="checkbox"/> Small Loan Act Application |

If you indicated that you **HAVE** been arrested for, charged with or convicted of any crime within the last 8 months, provide a detailed explanation of the facts and circumstances of your case. Include the name of the arresting law enforcement agency or the court in which charges have been filed; the name of the crime with which you have been charged, and the degree of the offense; and the outcome or status of the case. In addition, you must attach a certified copy of the court journal entry that evidences the status of your case.

NOTARIZATION

STATE OF: _____

SS:

COUNTY OF: _____

I swear or affirm that the foregoing has been prepared by me and constitutes a complete and accurate statement.

Signature of Applicant

Printed Name of Applicant

Subscribed and sworn or affirmed before me this _____ day of _____, 20 ____.

Seal or stamp must be affixed to original

Notary Public PRINTED Name

Notary Public SIGNATURE

My Commission Expires _____

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